

 $Shadowing at the Glenn\,Research\,Center\,is\,intended\,to\,provide\,selected\,high\,school\,students\,with\,an\,opportunity\,to\,explore\,career\,possibilities\,under\,the\,mentorship\,of\,a\,scientist,engineer,technician\,or\,administrative\,personnel.$

ProgramObjective

Students will depart from NASA Glenn with knowledge that will be of value to them in making career decisions. Students will also be provided with information regarding the various programs available to them by NASA Glenn, as well as information on various careers and career paths.

GlennResearchCenter(http://www.grc.nasa.gov)

The NASA Glenn Research Center defines and develops advanced technology for high priority national needs. The work of the Center is directed toward new propulsion, power, and communications technologies for application to aeronautics and space, so that U.S. leadership in these areas is ensured.

Glenn has been designated as the NASA Lead Center for Aeropropulsion. The Center's aeropropulsion program plays a significant role in the Agency's goals to promote economic growth and national security through safe, superior, and environmentally compatible U.S. civil and military aircraft propulsion systems.

NASA Glenn is also NASA's Center of Excellence in Turbomachinery. The Center is committed to developing new and innovative technology and leveraging its computational, analytical, and experimental expertise in turbomachinery to future aerospace programs.

Glenn leads NASA's research in the microgravity science disciplines of fluid physics, combustion science, and some materials science. Almost every Shuttle and space station science mission has an experiment managed by Glenn. The Center also designs power and propulsion systems for space flight systems in support of NASA programs such as the International Space Station, Mars Pathfinder, and Deep Space 1.

Please refer to the URL listed on the preceding page for additional information regarding the NASA Glenn Research Center.

Eligibility

Participation in the Glenn High School Shadowing Program is open to students who have demonstrated an interest in a career in science, mathematics, engineering, or related technical fields and administrative areas. Students must be recommended for an internship by a teacher, guidance counselor, or other school official. Students must be at least 16 years old and must be U.S. Citizens.

Program Duration

Students may shadow for 1 day and not more than 2 weeks. Students who request an internship longer than 1 day must be part of a formal school career program and provide NASA Glenn with the school's program guidelines. During the month of May, we must limit the program to 20 shadowing internships. Student requests will be accepted on a first-come, first-served basis.

Because of the program's short duration and intensity, the student must agree to complete his shadowing experience between the hours of 9:00 a.m. and 3:30 p.m. The student must commit to a 6 hour work day. Students who are participating in longer formal school career programs (2 days to 2 weeks) must be available every business day on a full-time basis for the duration of their program.

Application

Students must complete and return the enclosed forms according to the schedule listed below. Incomplete forms will not be processed. No placements can be made without the signature of a parent/guardian (if applicable) and recommending school official.

Please understand that shadowing internship placements are dependent upon the availability of appropriate Glenn mentors and facilities. The Office of Educational Programs cannot guarantee an internship and will not sign any forms that state an internship is guaranteed.

 $The \ Office \ of \ Educational \ Programs \ reserves \ the \ right to \ terminate \ a \ Shadowing \ experience \ at \ any \ time.$

To obtain an application contact:

NASA Glenn Research Center Office of Educational Programs (216) 433–6630 or (216) 433–8156

Schedule:

 $Applications \, may \, be \, requested \, between \, September \, 1,1999 \, and \, March \, 3,2000, but \, you \, must \, specify \, which \, dates \, you \, would \, like \, to \, attend \, and \, have the \, application \, returned \, to \, our \, of fice \, according to the following \, schedule:$

Dates to attend NASA Glenn:

Application must be returned no later than:

November 22, 1999 to December 17, 1999

October 18, 1999

February 7,2000 to March 3,2000

December 20, 1999

May 1,2000 to June 2,2000

March 13, 2000

Office of Educational Programs — Shadowing Program STUDENT APPLICATION FORM

Please print or type:

Name:	Social Security Number:	
Street address:	Telephone:()	
City:	State:	Zip Code:
Are you a U.S. citizen? Yes No	Sex: M F	
Date of birth:	Age: Current	grade:
School name:		Year of Graduation:
Duration of internship you are requesting:		o 3:30 p.m.) an 2 weeks, consecutive days)
If you checked other, please indicate duration	on and name of school care	eer program:
Please specify the actual date(s) you wish to portion of the program outline) Please provide two optional dates:		
Do you know an employee who would be w		
☐ Yes	□ No	
Name and Signature of Recommending Teac	cher, Guidance Counselor	or School Official:
Print Name		Signature
Position	Date	
School telephone ()	Fax (')	
Please complete and return all forms no later	than the dates specified. Ir	ncomplete applications or applications

Please complete and return all forms no later than the dates specified. Incomplete applications or applications received after specified dates will not be processed. Return all forms to:

NASA Glenn Research Center Attn: Shadowing Program, Mail Stop 7-4 21000 Brookpark Road Cleveland, Ohio 44135

STUDENT ESSAY:

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Write a narrative statement giving your reason for requesting a Shadowing Internship at the NASA Glenn Research Center.Briefly state the benefits you expect to gain from your internship.
Please list and elaborate on some of your goals for the next two to five years.
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Please list any classes you have taken, or are currently taking, that are conducive to your shadowing experience (i.e., math, science, computer, special education, etc.)
What kinds of questions are you planning to ask of your Mentor?
Have you previously participated in other NASA programs? Yes No
If you checked yes, which ones?
☐ SHARP (Summer High School Apprenticeship Research Program)
☐ SYETP (SummerYouth EmploymentTraining Program)
☐ NASA/NSTA Space Science Student Involvement Program
☐ Exploring—Glenn Posts Nos.629,630,631
☐ Shadowing Program
☐ Stay-in-School Program
☐ EastTech Partnership Program
☐ NewApproach to SelfAchievement (N.A.S.A.) Project at Cuyahoga Community College
☐ Cuvahoga Community College's KFYS Program

Please complete the following in order to assist with placement:

What type of person would you like to shadow at NASA Glenn? ___ Scientist ___ Engineer ___ Chemist __ Chemical ____ Physicist ___ Electrical Materials ____ Mechanical ___ Combustion ___ Civil/Structural ___ Fluids ___ Computer _Trades (please specify) _Administrative (please specify) ___ Computing ___Accounting ___ Computer Programming ___ Human Resources ___ High Performance Computing __ Education ___ Graphics Visualization _ Public Affairs ____Telecommunications and Networking Secretarial ___ Procurement ____ Safety Additional comments (Please elaborate on any specific area or type of experience you would like to receive.)

WAIVER OF COMPENSATION

Whereas, the undersigned student desires to enter upon the premises of the Glenn Research Center of the National Aeronautics and Space Administration for the purposes of observing Government research and development activities and to use the facilities of the Center to conduct educational research projects; and

Whereas, permission has been granted by the Center to enter the premises and to use the facilities, subject to revocation at any time;

Now, therefore, the undersigned student, in consideration of the foregoing, hereby waives and forever releases the United States—for self, executor, administrator, heirs, and assigns—from any claim for wages, salary, or compensation of any kind which may arise out of, or in any way be connected with, tasks or services that may be performed by the undersigned during this student's visit to the Center.

Witness:	
	Student
	Parent of Student*

^{*}Parent's signature required if student is under 18 years of age.

STATEMENT OF UNDERSTANDING

As a participant in the Shadowing Program at the Glenn Research Center, please be advised that you will not be considered an employee of the Glenn Research Center. Like other visitors, you will be subject to the Center's safety and security regulations. Our employees will advise you concerning problems you may encounter or answer any questions you may raise. The thrust of your experience is toward educational enrichment rather than any benefit to the Government, NASA, or this Center. Any such benefit will be coincidental to the above purpose.

You should understand the above, and be aware that in the event of accident or injury while at Glenn you will not be covered by any compensation plan available to employees. Your status will be that of visitor.

Please indicate your acceptance of these conditions by signing the acceptance line below, and on the following page. If you have not yet reached the age of 18 years, please have your parents accept these conditions on your behalf.

Signature of Student	Date	
Signature of Parent*	Date	

^{*}Parent's signature required if student is under 18 years of age.

EMERGENCY MEDICAL AUTHORIZATION NASA Glenn Research Center

Name of Student:	
Address:	
Home telephone number:	
Name of Parent/Legal Guardian:	
Telephone number where Parent or Guardian can be reached between 8:00 a.m. and 5:00 p.m.:	
Name and telephone number(s) of other Custodial Parent (if applicable):	
Facts concerning the child's medical history to which the physician should be alerted: Allergies	
Medications taken	
Physical impairments	-
Other	
If you are a student with a disability, please list any specific accommodations required:	
In the event that reasonable attempts to contact one of the parents of, or the legal guardian of, the above minor are not successful, I hereby give my consent to the administration of medical treatment deemed neces by the Medical Services Office at the NASA Glenn Research Center. In the event that more extensive medicare is necessary than that given by the Glenn Medical Services Office, I authorize the transfer of the minor local hospital by ambulance.	1
Signature of Parent Date	

BACKGROUND SURVEY

(Completion of this form is optional)

Name	School		
How did you learn of the Glenn Shadowing Program?			
☐ Previous participation	•		
☐ Acquaintance who was a SHARP stude	ent		
☐ Inquiry to NASA about summer employment			
☐ Group visit to the Center			
☐ Relative who works for NASA or a NAS	SA contractor		
☐ Acquaintance who works for NASA or			
Participation in another NASA program			
☐ Faculty member or school official			
☐ Other			
Please review the categories below and categorize yourself	by checking the appropriate items.		
🛘 (1)American Indian orAlaskan Native			
(2) Asian or Pacific Islander			
(3) African-American			
☐ (4)White			
☐ (5) Hispanic			
☐ (6) Other:			
Dispersing disperse			
Please indicate your sex:			
☐ (M) Male			
☐ (F) Female			
Are you disabled?			
Yes			
□ No			

The information solicited on this form will not be available to those responsible for rating applications but will be used by NASA primarily to determine the extent to which various populations are represented in the applicant pool.